



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

REINSTATEMENT LEVEL 1 ESTABLISHMENT APPLICATION

Do not return the following informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS LEVEL 1 ESTABLISHMENT REINSTATEMENT

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with the application:**

1. Fee;
2. A scaled floor plan of the establishment that details the purpose of each area of the facility including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities (If the establishment is part of a commercial building, include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective establishment area and the location of all entrances, exits, bathrooms, and storage areas.);

CORPORATION OR LLC:

You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

NOTE:

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void regardless that you hold a temporary license, if applicable.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

If there is a change in location and/or ownership of the establishment, you must reapply for a new establishment license. The establishment license issued is only valid for the current location and current establishment owner.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

IMPORTANT TO RETAIN FOR FUTURE RENEWALS:

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete a letter will be mailed to you.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.

NOTICES:

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days. You can access this Law at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

LAWS AND RULES:

Disclosure: Effective July 1, 2012, the Barbering and Cosmetology Licensing Program has discontinued the Maine Laws and Rules portion of the examination and in its place requires an applicant for any license to attest that s/he will obtain, read and abide by all Barbering and Cosmetology Licensing laws and related rules.

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available electronically online at www.maine.gov/professionallicensing and as noted below. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

All relevant laws and rules are accessible from this web page, including those mentioned below.

Title 5, Chapter 341 Administrative Occupational License Disqualification on Basis of Criminal Record

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

Title 10, Chapter 901, §§8001-8011 Department of Professional and Financial Regulation

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

02 041 Office of Professional and Occupational Regulation Rules

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF APPLICANT (If LLC or Corporation, list that name here)			
BUSINESS FEIN OR SSN			
PHYSICAL ADDRESS OF ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF ESTABLISHMENT			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL (Your license will be emailed)	

Barbering and Cosmetology Licensing Program
REINSTATMENT
LEVEL 1 ESTABLISHMENT LICENSE
Required Fee: \$95.00 (Non-Refundable)

<u>YOU MUST COMPLETE THIS SECTION:</u>	
License #: _____	GO ONLINE TO OBTAIN YOUR LICENSE # AND EXPIRATION DATE WWW.MAINE.GOV/PROFESSIONALLICENSING
Expiration Date: _____	

<i>Office Use Only:</i>	
Check # _____	Amount: _____
Cash # _____	Lic. # _____
ES 1427- \$20.00 2090 - \$75.00	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	Expiration Date <i>mm / yyyy</i>		
SIGNATURE		DATE	

SECTION 1: OWNERSHIP - Please check one and complete the appropriate block below.

- Sole Proprietor** (complete section A)
- Partnership** (complete section B) -if your partnership consist of 2 corporations or more, you must submit a list of officers.
- Corporation** (complete section C) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.
- Limited Liability Company** (complete section D) You must submit a Certificate of Existence from the State Origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For Assistance call (207) 624-7752.

Section A - Sole Proprietor			
Owner Name		Social Security Number	
Contact Address	City	State	Zip Code
Telephone Number	Fax Number	Email Address	
()	()		
Establishment Name (Doing Business As)			

Section B - Partnership: List the name and address of each partner			
PARTNERSHIP INFORMATION:			
Name of partnership			
Contact Address	City	State	Zip Code
Telephone Number	FEIN Number		
()			
E-mail Address			
Establishment Name (Doing Business As)			

SECTION 1: OWNERSHIP (CONTINUED)

NAME AND CONTACT INFORMATION OF EACH PARTNER

Section B - Partnership (CONTINUED)			
Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Person Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name; if applicable			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

Company Name; if applicable			FEIN #
Contact Address	City	State	Zip Code
E-mail Address		Telephone number	
		()	

SECTION 1: OWNERSHIP (CONTINUED)

Section C - Corporation Ownership			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Physical Address of Corporation	City	State	Zip Code
Telephone Number	Fax Number		
()			
E-mail Address	Website Address		
Name of corporate officer who will be representing the applicant in matters relating to licensure			
Corporate Registration Certificate Number; If applicable	Issued Under What Jurisdiction	Date	
Contact Address for Corporate Officer <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Corporate Officer <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address		
()			

SECTION 1: OWNERSHIP (CONTINUED)

Section C – Corporation Ownership (CONTINUED)

Is this corporation's stock traded on a major stock exchange and not over-the-counter
YES NO If no, complete the section below—List the name and contact address
of each shareholder owning 10% or more of the voting stock of the
Corporation.
(Duplicate page in same format if necessary)

1. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone Number		
	()		

2. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone Number		
	()		

3. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone Number		
	()		

4. Last Name	First Name	Middle Name	
Contact Address	City	State	Zip Code
E-mail Address	Telephone Number		
	()		

SECTION 1: OWNERSHIP (CONTINUED)

Section C – Corporation Ownership (CONTINUED)

CORPORATE OFFICER(S) AND DIRECTOR

(Duplicate page in same format if necessary)

1. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
2. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
3. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code
4. Last Name	First Name	Middle Name	
Title			
Contact Address	City	State	Zip Code

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:			
Name of Limited Liability Company			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Limited Liability Company	City	State	Zip Code
Physical Address of Limited Liability Company	City	State	Zip Code
Telephone Number	Fax Number		
()			
E-mail Address	Website Address		
Name of corporate officer who will be representing the applicant in matters relating to licensure			
Corporate Registration Certificate Number; If applicable	Issued Under What Jurisdiction	Date	
Contact Address for Corporate Officer <i>If different from Corporation</i>	City	State	Zip Code
Physical Address for Corporate Officer <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address		
()			

SECTION 1: OWNERSHIP (CONTINUED)

Section D - Limited Liability Company:

Please list the names and mailing addresses of each member and manager. You may copy this page if more space is needed.


1. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-mail Address		Telephone Number	
		()	
2. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
3. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	
4. Last Name	First Name	Middle Name	
Address	City	State	Zip Code
E-Mail Address		Telephone Number	
		()	

SECTION 2: ESTABLISHMENT INFORMATION

Services offered at this establishment (check all that apply)		
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Limited Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		
Business Located in (check one)		
<input type="checkbox"/> Professional Building <input type="checkbox"/> Personal Residence <input type="checkbox"/> Mall <input type="checkbox"/> Other (describe): _____		
Hours of Operation	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 3: CHANGE OF LOCATION / OWNERSHIP INFORMATION / DISSOLVE PARTNERSHIP

- Ownership Change (*complete section A*)
- Dissolved Partnership (*complete section B*)

Section A – Ownership Change	
Former Owner’s Name	Date change took place
License Number	Expiration
Section B – Dissolved Partnership (If you are dissolving a partnership other than death or divorce, the party being removed must sign this application or send a verifiable letter that they are no longer a partner of this license)	
Name of Former Owner	
Signature of Former Owner	Date
	

SECTION 4: WATER, PLUMBING AND ELECTRICAL REQUIREMENTS - YOU MUST CHECK ONE BOX

- Establishment is served by a Public Water System, as defined in 22 MRS §2601(8).
(check only if applicable)
- Establishments is not served by a Public Water System, as defined in 22 MRS §2601(8).
(Check only if applicable)
- The water supply tested for Total Coliform bacteria and nitrates by a laboratory certified by the Department of Health and Human Services Drinking Water Program within six (6) months of application for initial licensure. A current list of certified laboratories can be found at www.medwp.com.
Attach water test with application. (25.1.7)

SECTION 5: CHECKLIST STATEMENT/AFFIRMATION and APPLICATION ATTESTATION: Read the statement below and sign where indicated as your certification of the information provided in this application.

Checklist Statement/Affirmation

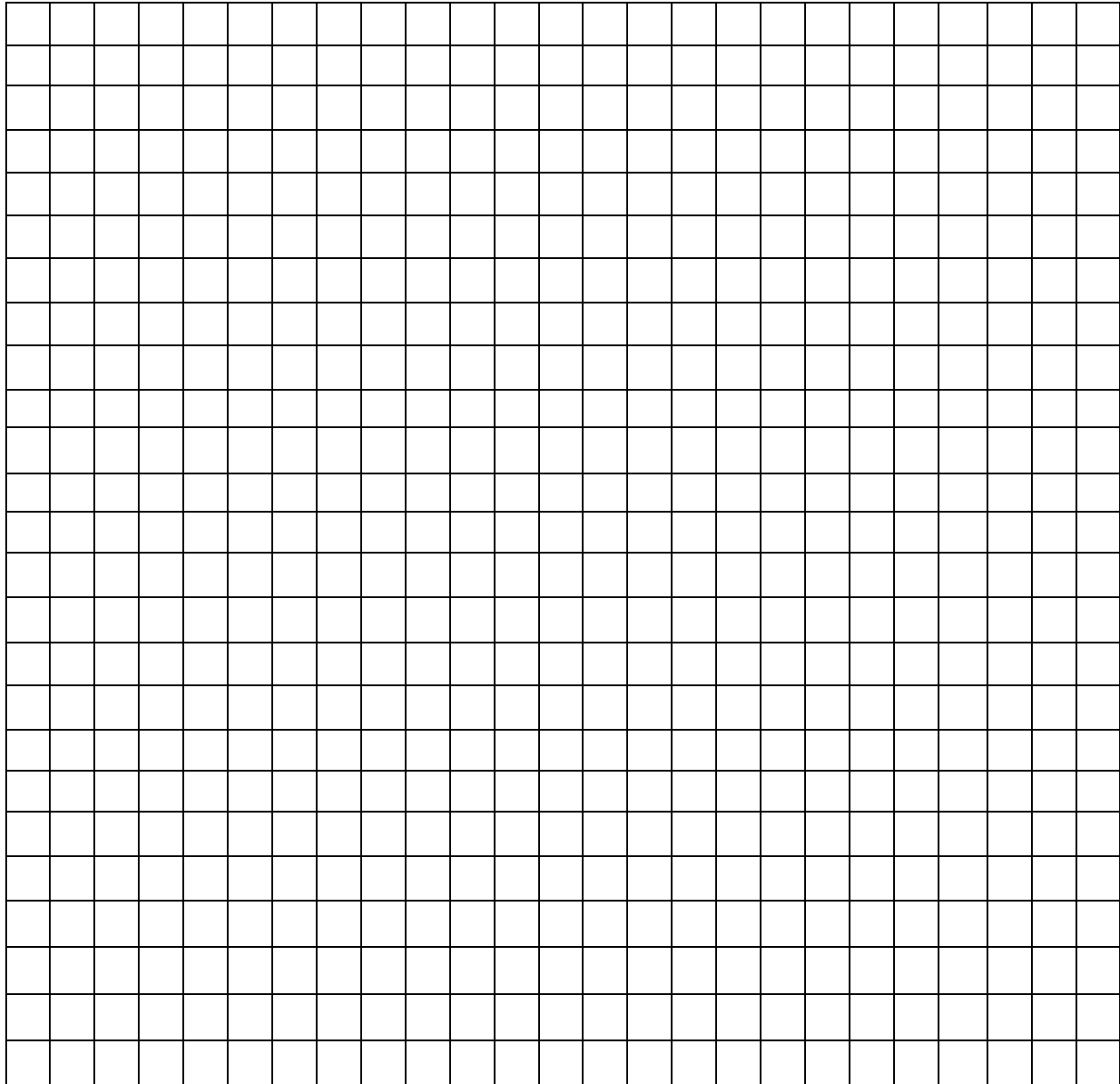
I affirm that the establishment complies with all items reference in the Barbering and Cosmetology Licensing Rules Chapter 25 and 26, including but is not limited to; all matter related to the physical plant of the business, any required plumbing and/or electrical and/or occupancy certificates, practice tools, articles, equipment, items to maintain sanitation and infection control standards and safe practice procedures, and all requirements for the overall operation of your establishment operation. Check one:

- Yes** **No** If no, please provide a detailed explanation on a separate sheet of paper

SECTION 6: SCALED FLOOR PLAN SAMPLE

You may use this area to provide a scaled floor plan of the establishment. Your floor plan must detail the purpose of each area of the facility including entrances, exits, dispensaries, shampoo sinks, utility sinks, work stations and public restroom facilities (If the establishment is part of a commercial building, include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective establishment area and the location of all entrances, exits, bathrooms, and storage areas.)

If this sample is not suitable for your floor plan, please attach a similar scaled floor plan.



Scale: 1 box □ = Square foot

SECTION 7: ENDORSEMENT FOR ESTABLISHMENT APPLICATION


Read the statement below and sign where indicated as your certification of the information provided on this application.


Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

I verify that I have read all of the Maine Barbering & Cosmetology Licensing Programs Laws and Rules, including Program Rule Chapter 25 and Chapter 26 which describes the safety and sanitation requirements to open and operate an establishment. I affirm that the items checked on the self-inspection list have been installed and completed and that all requirements for opening my establishment have been met. The list is not inclusive and not intended to circumvent following established laws and rules. I understand the Maine Barbering & Cosmetology Program will rely upon this information for issuance of my license and that sanctions may be imposed including suspension and revocation of my license if the information being reported is found to be false.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Please submit your application as early as possible to allow adequate time for your establishment approval. You may not operate your establishment until this office has issued your establishment license.

Printed Name Owner #1	
Signature Owner #1	Date
	

Printed Name Owner #2 ; if applicable	
Signature Owner #2	Date
	

Printed Name Owner #3 ; if applicable	
Signature Owner #3	Date
